

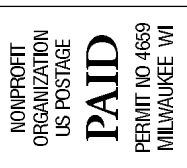
Protect All Kids Coalition

Mission Statement

Protect All Kids is a coalition dedicated to ensuring that all children are properly immunized and protected against vaccine-preventable diseases.

Goals

- Develop and maintain effective educational/outreach strategies
- Support public policies that promote immunization
- Promote integrated immunization record-keeping systems
- Support community partnerships



protect All
Kids
IMMUNIZE

PROTECT ALL KIDS
IMMUNIZATION COALITION
C/O COMMUNITY ADVOCATES
4906 W FOND DU LAC AVE
MILWAUKEE WI 53216

*The Medical College of Wisconsin
Department of Pediatrics and the
City of Milwaukee Health
Department present:*

IMMUNIZATION

GAP

IN MILWAUKEE

*The Physician's Role
in Overcoming this
Community Concern*

NEW DATE!

Saturday, January 21, 2006
9:00 am – 12:00 Noon
(8:30 am Registration)
Children's Hospital Auditorium
9000 W. Wisconsin Ave.
Milwaukee, WI 53226

CITY OF MILWAUKEE HEALTH DEPARTMENT
MEDICAL COLLEGE OF WISCONSIN CME PROGRAM

Immunization Gap in Milwaukee:

*The Physician's Role in
Overcoming this Community Concern*

Intended Audience

Family Practice Physicians, Pediatricians, and any other physicians who provide childhood immunizations

Program Agenda

8:30 am	Registration and Breakfast
9:00 am	Welcome Defining the Need <i>Svapna Sabnis, MD,</i> <i>Assistant Professor of Pediatrics,</i> <i>Medical College of Wisconsin</i>
9:15 am	Updates in Immunizations <i>Thomas Saari, MD,</i> <i>Pediatric Infectious Disease Specialist,</i> <i>University of Wisconsin Hospitals</i>
10:00 am	Break
10:15 am	Diffusing Common Misperceptions About Vaccines with Parents <i>Margaret Martin, MD,</i> <i>LaFollette Pediatrics</i>
11:00 am	Wisconsin Immunization Registry: Making it Work for Your Practice <i>Cathy Edwards, BA,</i> <i>Immunization Advisor, Wisconsin</i> <i>Department of Health & Family Services</i>
11:45 am	Wrap-Up and Evaluation <i>Svapna Sabnis, MD</i>
Noon	Program adjournment

Educational Objectives

1. Participant will be able to list the new vaccines available for use in 2006, and will be able to explain the indicated use for each vaccine.
2. Participant will be able to identify the common misperceptions associated with vaccines, and list strategies to diffuse these misperceptions with parents.
3. Participant will be able to state what the WIR is, how the WIR is used, and will be able to list three important benefits of using the WIR in clinical practice.

Accreditation Statement for Jointly Sponsored Activities

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Medical College of Wisconsin, the City of Milwaukee Health Department and the Protect All Kids Immunization Coalition. The Medical College of Wisconsin (MCW) is accredited by the ACCME to provide continuing medical education for physicians.

Designation of Credit Statement

The Medical College of Wisconsin designates this educational activity for a maximum of **2.75 category 1 credits** toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

This program is made possible by:



Registration Information

For planning purposes, please complete the registration form below along with a non-refundable \$15.00 program fee*, and return it no later than Tuesday, January 17, 2006 to:

Mr. Ken Germanson
Protect All Kids Immunization Coalition
4906 West Fond du Lac Avenue
Milwaukee, WI 53216

Telephone: 414-449-4767 (x124)

Fax: 414-449-4775

Email: keng@communityadvocates.net

* Program fee may be paid upon arrival at registration on day of event.

PLEASE PRINT OR TYPE:

The following information is needed for inclusion in the CME database, which is used for credit certification, program evaluation, and needs assessment.

Name & degree(s) as they should appear on the CME certificate:

Last _____

First _____

M.I. _____ Degree(s) _____

MCW faculty: ☐ Yes Department _____
☐ No

Street Address: _____

(Your certificate will be mailed here)

ZIP code _____

City _____ State _____

Business Phone _____

Email address _____

Special needs?: _____